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ABSTRACT

The equalitarian co-therapy model which is considered to be the most significant and enduring type of co-therapy relationship is discussed. Co-therapists can interact on at least five occasions outside of the group, and all these interactions have an important effect on the growth and stability of the co-therapy relationship. Co-therapists should not be paired solely on the basis of personal friendship or prior professional acquaintance and factors such as age, sex, race, marital status, personality characteristics, interpersonal style, and the therapeutic situation should be given careful attention. As with many relationships the co-therapy dyad has a period of formation, a period of continued development, a period of stability, and a period of separation. If the co-therapy dyad develops and operates effectively, the group will develop accordingly. Supervision of the co-therapists should be over a unit of two people, the whole of which is more important and more profound than its individual parts. Although there are many limitations to the co-therapy approach, it can add much to the promotion of therapy and the development of group therapists. (RSM/Author)

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THE NATURE OF THE CO-THERAPY RELATIONSHIP *

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Numerous attempts have been made to question the validity and effectiveness of co-therapists in group psychotherapy. In spite of these attempts, the use of co-therapists continues to grow, and this approach to group psychotherapy shows consistent vitality. It is reasonable to assume that psychotherapy groups conducted by co-therapists are a permanent part of the therapeutic landscape. Rather than returning to historical viewpoints and conflicts about the nature of the co-therapy relationship, it seems important that this approach to group psychotherapy be evaluated and discussed from a viewpoint which is contemporary.

MacLennan (1965) has argued that if co-therapists have any value, this value lies in their use for training purposes. Others, such as Rabin (1967) and McGee (1968), have argued that the co-therapy relationship provides advantages in addition to those offered for training purposes. Despite controversy about the limitations or assets of co-therapy, there has not been a clear and comprehensive statement as to the nature of the co-therapy relationship. If co-therapists are employed, one should look on the co-therapy relationship as a serious effort to promote group psychotherapy. It follows that an analysis of the varieties, establishment, and development of co-therapy relationships should be made.

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BACKGROUND

Frequently the number of co-therapists employed in a therapy group at one time is more than two. Even with two co-therapists, the relationship is highly complex; therefore this discussion is limited to the varieties and nuances of the co-therapy relationship in which two co-therapists are employed.

It has been commonly noted that there are different varieties of the co-therapy relationship. There is the senior-junior co-therapy relationship frequently utilized for training purposes, the variety of co-therapy in which one individual functions as little more than an observer or recorder, and the form of co-therapy in which both co-therapists function essentially as equals in all aspects of group establishment, development, operation and administration. This egalitarian form of co-therapy, while rarely achieved, is probably the form of co-therapy most frequently described in the literature. This paper focuses on the egalitarian model of co-therapy which is seen as the most significant and enduring type of co-therapy relationship, and also, the least well understood.

As has been suggested by Slavson (1964), and MacLennan (1965), the co-therapy situation tends to confound transference reactions from group members to the therapists. It also tends to confound counter-transference phenomena. It is their contention that transference reactions in a psycho-therapy group are already sufficiently complex without further adding to their complexity. These authors feel that the co-therapy relationship exaggerates the dependency and security needs of the participating therapists in such a manner that they can never be effectively resolved. Further limitations to co-therapy have been suggested as the co-therapy relationship is frequently fraught with unresolvable transference reactions and conflicts. This viewpoint

stresses that serious conflicts invariably arise between co-therapists who conduct psychotherapy groups. As a result of these conflicts, the group momentum is paralyzed and group psychotherapy grossly hindered, and on occasion it becomes impossible for the co-therapists to continue functioning. In such an instance, both the co-therapists and group members experience unresolvable conflict, and psychotherapy cannot occur.

Conversely, Mintz (1965) has advanced a number of advantages in the employment of co-therapists from dynamic, technical and personal viewpoints. The present discussion will focus on practical and dynamic considerations of the co-therapy dyad. For example, when co-therapists are operating a psychotherapy group, one can always be reasonably certain that the group will operate continuously throughout all phases of its life. In spite of therapist illnesses, vacations or personal emergencies resulting in temporary or permanent absence, the operation of the group can be placed first. With respect to dynamic considerations, the following concepts can be advanced. The great majority of individuals have had two transference objects in their life, i.e., a mother and a father. Generally speaking, they have had to share these transference objects with other siblings. In a certain sense, a group conducted by co-therapists comes closer to replicating the original family constellation at a symbolic level than does the group operated by one therapist. A group draws upon its members who serve as diverse transference objects for one another. It is felt that the use of co-therapists in a psychotherapy group can only enrich the range and type of possible transference objects among group members and therapists. In a similar sense, the use of co-therapists also tends to enrich the use and analysis of non-verbal communication within the group.

Co-therapy provides a number of advantages for the co-therapists. It is possible for a group therapist to present a benign, non-judgmental or benevolent countenance to the group. At the same time this countenance may mask the neurotic elements of his own personality. With the presence of a co-therapist, additional facets of each therapist's personality are available to scrutiny by group members. Regardless of the amount of training and experience, it can hardly ever be said that a group psychotherapist is a finished product, particularly if we regard group psychotherapy as a continual growth process for all concerned. The co-therapy situation provides a rich forum for each co-therapist to learn continually about himself, his therapeutic blind-spots, and more generally, his total style of interaction with other human beings.

With respect to implied shortcomings of co-therapy, transference reactions and conflicts between co-therapists need not always be viewed as potentially unresolvable or destructive to group psychotherapy. If co-therapists are intelligently selected and paired, work closely together and share common treatment responsibilities, this would suggest that they have considerable to gain from working through transferences and conflicts toward one another.

LEVELS AND POINTS OF INTERACTION OF CO-THERAPISTS

Prior to discussing the formation and functioning of a co-therapy dyad, it is important to describe the times at which co-therapists usually interact. It is frequently assumed that co-therapists interact largely within the psychotherapy group itself; it should be recognized however, that co-therapists can interact on at least five separate occasions outside of the therapy group. All of these interactions usually have an important effect on co-therapy, and contribute heavily to the growth and stability of the co-therapy relationship.

1. Co-therapists should always prepare potential group members together, and if possible, should be together during any indicated extra-group contacts with group members. There are several advantages inherent in both co-therapists participating in the preparation of prospective group members. The group member is being prepared in a triadic rather than a dyadic relationship. The triadic situation provides an important initial orientation toward other than one to one psychotherapy. The triadic situation also provides the prospective group member with two transference objects, which can assist him in dealing more adequately with accentuated negative transference feelings during the interview. From the therapists' viewpoint, the triadic situation presents the co-therapists with a richer grasp of the non-verbal communications of prospective group members.

2. It is assumed that co-therapists attend and participate in their respective group together, but whether they meet shortly before the group and arrive together or arrive independently is important. The manner of their meeting before the group and its content as well as the nature of their arrival in the group is indicative of the state and quality of their relationship and their esteem of the particular group. A co-therapist should be informed well in advance if his partner will be unable to attend a given group session. The unexplained absence of a co-therapist from a given session usually has a deleterious effect on group process and the co-therapy relationship. Such facets of co-therapist contact also relate to current issues confronting the particular group.

3. All well functioning co-therapists usually spend a period of time immediately after the group in some form of critique. In some instances this constitutes a formal session, though in many cases it tends to be handled

as a spontaneous and open review of the completed group therapy session. This critique provides a form of catharthis for each co-therapist. It also serves to make each co-therapist aware of various themes he may have missed which his co-therapist may have grasped, and vice-versa. Information uncovered in the critique may be used in future sessions, as the critique usually furnishes the co-therapists with a richer understanding of the session just completed. The presence or absence of such a critique, its qualities and its value for each co-therapist reveals a great deal about the co-therapy relationship, and the co-therapists' investment in the group.

4. The co-therapists also interact during supervision. This type of interaction is extremely valuable in understanding and developing the co-therapy relationship. It will be discussed in greater detail later.

5. Co-therapists may also engage in a wide variety of institutional or social contact. The type and level of such contact also reveals a great deal about their relationship and their potential to form an effective co-therapy dyad. Of perhaps greater importance, such contacts particularly those of a social nature almost always exercise an important, though not always specifiable effect on the co-therapy relationship.

CONSIDERATIONS IN THE SELECTION OF CO-THERAPISTS AND THE FORMATION OF THE CO-THERAPY RELATIONSHIP

It has been suggested (MacLennan, 1965; McGee, 1968) that crucial factors in the use of co-therapists are their selection, pairing and preparation. In discussing these factors, it must be recognized that all group psychotherapy efforts are carried on in a variety of settings; each setting contains a different institutional ethos. The therapeutic orientation of the institution directly affects the development of a co-therapy approach, as has been

suggested in an earlier paper (McGee, 1969). To develop effective co-therapy relationships, the institution or treatment setting should provide sufficient latitude so that co-therapy pairings are not made randomly, carelessly or serendipituously, though on occasion benefits may derive from such conditions. Relevant staff should be willing to invest time in three facets of preparation having direct bearing on the ultimate effectiveness of the co-therapy relationship. These are the preparation of the co-therapists, the preparation of the group members, and finally the preparation of the supervisor who is to supervise a group conducted by co-therapists.

A number of additional but significant considerations should be attended to in the formation of the co-therapy relationship. Factors such as age, sex, race, and marital status of the co-therapists should be given some emphasis when the co-therapy relationship is being formed, as they frequently assume great significance during later stages of the therapy group. Prior experiences in therapy both as therapist and patient, and prior professional experiences should also be given careful consideration. Similarly, the professional affiliation and experience level of prospective co-therapists and implications of these in terms of status, assertiveness or competitiveness should be carefully evaluated and discussed.

In pairing co-therapists in a co-therapy dyad, the personality characteristics and the inter-personal styles of the two therapists should be given detailed attention along with the individuals' potential for professional growth. In addition to the personalities of the co-therapists, the therapeutic situation itself also effects the co-therapy relationship. As transferences develop, archaic fantasies about each co-therapist and their relationship are projected by group members. One co-therapist may pick up these fantasies, and if they are not handled explicitly in the group sessions, the critique, or during

supervision, this co-therapist may tend to act out these fantasies. Factors such as those described above can be placed in a clearer context, if one thinks of a meaningful co-therapy relationship lasting for a minimum of one year.

One of the most crucial aspects of the co-therapy relationship has to do with personal friendship. It is felt that co-therapists should not be paired solely on the basis of personal friendship or prior professional acquaintance. If this is done, the dyad is being formed out of some unconscious needs which will come into play later, and possibly engender severe conflict. A co-therapy dyad based on such prior association makes it exceedingly difficult to form an adequate contract for the operation, maintenance and supervision of the co-therapy relationship.

Two young psychiatric social workers at a community-based mental health center decided to form a group of adolescent boys. The social workers had gone to graduate school together, and enjoyed a close personal relationship. It was largely on this basis that they decided to work as co-therapists. Shortly after beginning the group it became apparent that they were markedly different in terms of directness, availability, and other aspects of their inter-personal styles. The group became fraught with intense conflict and competitiveness, and the co-therapists' relationship became distant and laden with covert hostility. To prevent further damage to the group, it subsequently became necessary to separate the co-therapists with each forming a separate adolescent group.

CONSIDERATIONS IN THE DEVELOPMENT OF THE CO-THERAPY RELATIONSHIP

As with many relationships, the co-therapy dyad has a period of formation, a period of continued development, a period of operation or stability, and a period of separation. In the early phases of the co-therapy relationship, it

can be regarded as developmental, with a future based on its ability to resolve stress and conflict. Differences and conflicts will arise as in any meaningful relationship, but how these are dealt with will either promote the strength and stability of the co-therapy dyad or seriously impair it. A sine qua non of the co-therapy relationship is openness at all times, particularly on issues related to the group psychotherapy enterprise. It is also expected that there will be considerable interaction between the co-therapists, particularly during pre-group discussion, post-group discussion, or during supervision. While some conflict in the co-therapy relationship is to be expected, it is extremely important that one strives to form a relationship where mutuality, support, and complementariness can be emphasized rather than competitiveness and divisiveness. A variety of personality differences of the co-therapists will doubtlessly occur under both conditions; it is felt that they will emerge in a healthier, more therapeutic fashion under the latter condition.

In the development of the co-therapy relationship, it is important that each co-therapist attend seriously to the time demands required in group psychotherapy in addition to the actual conduct of the group, such as screening and preparing patients, discussing the group with others in the institutional setting, making notes on group members, etc. It is equally important that the co-therapists treat their own pre-group activities and post-group activities seriously. There are strong suggestions that the group's operation and effectiveness are directly related to the quality and vicissitudes of the co-therapists' relationship. Stated briefly, as goes the co-therapy relationshp, so goes the group. This thesis has been examined in detail by Heilfron (1969). Thus, if the co-therapists are in conflict of an unexpressed nature about the time commitment required, particular group sessions, group issues, group members, or inter-therapist problems, and these conflicts cannot be dealt with in the

critique of the session, or in supervision, they doubtlessly will creep into the group process and do incalcuable damage to group psychotherapy. While the resolution of conflict is to be encouraged in the co-therapy relationship, deliberate expression of conflict between co-therapists in the group should probably be approached cautiously. Regardless of its nature, conflict between co-therapists generally stems from basic sources, and cannot be presented in the group in an artificial or pseudo-therapeutic manner. To be resolved adequately, conflict between co-therapists must be genuinely felt and acknowledged, expressed at an appropriate time, and carefully worked through.

By the same token, extra-group contact between co-therapists must be viewed to some degree as related to the group. Just as we view extra-group contact among group members as group promoted and usually group related, it is reasonable to apply the same rule to the co-therapists' relationship, even though there may be extenuating circumstances such as proximity in the institution and sharing of other professional responsibilities. Naturally, co-therapists can also have close personal ties with one another, ranging from friendship to marriage. There are indications that married couples who function as co-therapists provide additional dimensions to the co-therapy relationship, particularly when working in marital therapy groups (Bellville, et al., 1969). Regardless of the type of relationship, the fact that it involves people who are also co-therapists will have some effect on it. There is a special quality attached to experiences encountered in a therapy group for all concerned. The intimacy, frustrations and gratifications associated with a particular group, its processes and life, contribute to the uniqueness of the experience which is shared not only by the group members but by the co-therapists as well.

Two factors are especially significant for the fullest development of the co-therapy relationship. First, it is expected that all conflict which arises between the co-therapists from within or without the group will be thoroughly discussed and analyzed in either the critique of the group session or during supervision. If the co-therapy relationship is to be enduring and effective, the partners in it must be strong enough to tolerate and deal with stresses which arise from it. The model of co-therapy described here implies a mutually involved relationship in all activities connected with the group, however remote they may appear from the group. For example, the co-therapists must have regularly scheduled meeting times other than the time they reserve for therapy sessions. In addition to the post-group critique and supervision, co-therapists must be mutually available for such things as note making, screening of potential group members, and providing reports at staff meetings or to other agencies on group members. The issue of response to special requests from group members is of great significance. Typically, a group member wishing to make a special request will approach one of the co-therapists and not the other. This issue is extremely complex and may well stem from acting out attempts of a given group member, particularly when acting out takes the form of attempting to separate co-therapists. It is sufficient to say that with very rare exceptions should one of the co-therapists intervene with a group member unilaterally. Even during extreme emergencies when it is absolutely necessary to see a group member outside of the group, every effort should be made to insure that the group member will be seen by both co-therapists. This too constitutes an additional demand for mutually available time, in a sense of placing the mutuality of the group experience above a number of other professional or therapeutic considerations.

It is to be expected that the group will have strong feelings about the loss of a co-therapist. If the group is well integrated, members will deal with their reactions in the group, including the question of "Who is coming to replace you?" If such feelings can be handled in group with the remaining co-therapist assuming a pivotal role, this leads us to another important question. How is the new member of the co-therapy dyad to be prepared for his experience? For example, who contacts the new co-therapist? Who assigns him to the particular group under consideration? Who acquaints him with the supervisor and the group members? In the case where such considerations which are out of the control of the co-therapists and the supervisor, and under the jurisdiction of the institution, it would appear that institutional practices be followed. Some groups are usually operated by a third year psychiatric resident and a second year resident. Once an individual has been assigned as a co-therapist however, it is strongly suggested that his fellow co-therapist acquaint him with the supervisor, prepare him for the reformation of the co-therapy dyad, and more generally, for reformation of the group. Such actions are clearly within the responsibility of the remaining co-therapist even if he is a transitional figure, soon to depart from the group as is the case in many training settings. If the supervisor assumes these responsibilities, it can be dangerous assumption of responsibility for the group which should remain with the co-therapists. On occasion multiple therapists move in and out of a given psychotherapy group during its life via the co-therapy relationship. While this procedure is not recommended, it is a frequent occurrence in an institution with an active training program in group psychotherapy and a relatively large number of trainees. In such instances it is clearly within the responsibility of key figures within the institution to provide some planning, projecting as far ahead as possible when openings in a co-therapy relationship will occur, and choosing appropriate co-therapy figures along lines outlined earlier.

Optimally, it is desirable if transitions of the co-therapists can be held to a minimum, but in many cases, particularly in training institutions, both co-therapists may leave a group within one year. Under such circumstances, it is important to underscore the fact that until the co-therapy dyad can be stabilized, the group can never really be assured of stability. It is of great importance to build swiftly and effectively toward the establishment of a meaningful co-therapy dyad, regardless of the changes in the co-therapy dyad which may be forecast to occur within it. On the other hand, it is doubtful if more than emphemeral stability can be achieved if co-therapists are unable to plan on remaining together for at least one year, and preferably for the life of the group. As a beginning group therapist once stated, "It takes me six months to begin to understand what's happening in the group, then I have to spend my other six months worrying about terminating from the group."

Another important and revealing aspect of the co-therapy relationship has been described by Kadis and Winick (1968). It has to do with fees and payment for therapy. This aspect of co-therapy pertains more to groups in private practice than institutional groups, but whenever fees are required, both co-therapists should be thoroughly familiar with the fee structure. It is particularly important that group therapists in private practice assume mutual responsibility for fee determination, and openly share feelings about such matters as fee collection and discussion of fees during group therapy. Fee determination and payment for services are certain to engender conflict if feelings about these issues are not resolved early in the co-therapy relationship. Attitudes toward money are usually indicative of deeper conflict, particularly where two individuals are jointly involved in handling money. Co-therapists are hardly immune from this condition. If attitudes toward

money are resolved adequately, they usually become a source of strength and further mutuality which add to the stability and smooth functioning of both the group and the co-therapy relationship.

THE HETEROSEXUAL CO-THERAPY DYAD

In some respects the most favorably balanced co-therapy dyad exists when the co-therapists are of opposite sexes. While there are additional advantages in a co-therapy dyad being heterosexual, there are also many potential pitfalls under these conditions (Mintz, 1965). Due to the complex nature of the heterosexual co-therapy dyad, and significant differences between it and co-therapists of the same sex, this type of dyad deserves separate comment.

Though widely used, the heterosexual co-therapy dyad is especially appropriate in heterosexual or marital groups. Under such conditions all possible parental and sibling combinations become available for discussion and scrutiny. With a heterosexual co-therapy dyad the range of transactions is enriched, elicitation of genetic material is enhanced, and interaction is probably facilitated. Moreover, added non-verbal communications usually become available in the presence of a female co-therapist. What male co-therapist has not been astonished by his female counterpart's understanding and grasp of the nuances of color, blend and style of clothing, personal grooming and subtle use of cosmetics?

A contra-sexed therapy dyad tends to adopt one of several modes of relating depending on the degree of maturity and therapeutic sophistication in evidence. While sexuality may remain central to the relationship, it can traverse a range from overt sexual acting out to sublimated sexuality and a negotiated relationship based on mutual respect. Occasionally, the relation-

ship can extend to a pseudo marital one based on hostile bickering, competitiveness and a struggle for dominance.

This is especially striking in cases of family therapy, where co-therapists serve more explicitly as models for the group. In this situation sudden shifts may be required of the co-therapists, and the male may be required to be assertive, directive and forceful. The female may have to demonstrate receptiveness and willingness to accept the dominance of the male co-therapist. Where a senior and junior co-therapy relationship exists or a high low status discipline team may be working together, dependency needs may suddenly appear and not manifest themselves openly. In such circumstances these can be transmitted into sexual feelings. These in turn can be acted out between co-therapists to the grave detriment of the group.

An illustrative note is the following resident's report in supervision. "Here I was telling the father that he had to play a more authoritative role in the family or at least to be more active in the family. You really have something to say about what's going on, and you don't have to withdraw. My co-therapist wasn't really saying anything you know; she was just sitting there and all of a sudden you know, I get an erection and a tremendous urge towards her. This didn't have any relationship to anything else going on in my mind." In this case the dependency needs of the female co-therapist were picked up and read by the male co-therapist and he responded with covert sexual feelings. If this incident was not examined in supervision, the impulse to act out would have been much greater.

In another case a rather depressed but very intelligent male therapist was assigned to work with a woman who was somewhat more aggressive but of a

lower status discipline. She was a rigid person and had much less sophistication than her therapeutic partner. Her feelings of inadequacy were so great that she responded by protecting herself, and therefore symbolically castrating her co-therapist. This pairing of co-therapists resulted in a therapeutic impasse and fragmentation of the group. Group psychotherapy could not occur since the covert conflict in the relationship between the two therapists was not handled under supervision and resulted in deleterious experience for the group and both co-therapists.

In another instance a second year psychiatric resident was conducting an outpatient, heterosexual group with a female psychology resident who was also a nun. The institution requested the nun to dress in mufti during her year of training; initially she chose not to inform the group that she belonged to a religious order. The resident was unmarried and became mildly interested in the nun as a woman, but both were very ambivalent in regard to any form of social contact. Group members soon began to engage in extra-group contact, some of a heterosexual nature. These contacts were discussed openly in the group. The co-therapists were unable to resolve their feelings about this development in the group, and became increasingly anxious and upset. A group member accidentally learned that the female co-therapist was a nun, and this issue was finally discussed at length in several group sessions and during supervision. Subsequently, the co-therapists developed an open and warm social relationship. Their co-therapy relationship became extremely gratifying, and the group functioned at a level well beyond the expectations of the co-therapists and their supervisor.

In a fourth instance contra-sexed co-therapists who were both mature persons had been working together for some time. Ultimately the male co-therapist who was more aggressive and hostile, became somewhat seductive toward

his co-therapist. These tendencies were made explicit, discussed and negotiated between the co-therapists and during supervision. The relationship experienced some slight estrangement, and then rapidly resolved itself to a much better relationship based on mutual respect with each therapeutic partner recognizing the individuality of his co-therapist.

Where relative age differences exist in a heterosexual co-therapy dyad, there may be other safeguards that come into operation to prevent the acting out of unconscious sexual impulses. The incest taboo may come into play with the female therapist unconsciously regarding the male as a type of father figure and the male therapist regarding the younger female as a daughter figure and therefore protected by his own internal prohibitions.

MAINTENANCE AND SUPERVISION OF THE CO-THERAPY DYAD

In an earlier paper (McGee, 1968), the supervision of co-therapists has been discussed as a triadic approach. In the triadic approach the supervisor of the co-therapy dyad is supervising more than two individuals interested in group psychotherapy and attempting to deal with their needs as they relate to the conduct of group psychotherapy. He is supervising a unit of two people, the whole of which is more important and more profound than its individual parts. As has been suggested earlier, if the co-therapy dyad develops and operates effectively, the group develops accordingly. Conflicts arising from the co-therapy relationship are almost always reflected in the therapy group. Fortunately, these conflicts usually are reflected in supervision. To be sure, the supervisor needs to be an individual of unusual commitment, sensitivity and perseverance to ferret out the sources of these conflicts while encouraging the co-therapists to deal with them.

From the supervisor's viewpoint, the supervision of co-therapists is an extremely gratifying but challenging experience. It is not infrequent that the supervisor is charged with subtle favoritism of one co-therapist. In other instances the supervisor may attend more carefully to the contributions of one co-therapist to supervision, or unconsciously place one of the co-therapists in the role of senior co-therapist. Under the triadic approach the supervision of the co-therapy dyad involves careful examination of the transference reactions, particularly those transference feelings emanating from the co-therapists. These consist of transference reactions from co-therapists to group members, between co-therapists, and the different transference reactions each co-therapist feels toward the supervisor. The supervisor must be careful to deal primarily with the dyad, not to show favoritism toward one co-therapist, and to be cautious about handling unilateral requests from one co-therapist, particularly when the other co-therapist is not present. The supervisor must attend strongly to what is being said mutually by the co-therapists in both an overt and covert manner. The supervisor must stress the mutual needs or problems which are being expressed by the co-therapists. That is not to say that he should not deal with conflict experienced by the co-therapists, but it is only through stressing their mutuality that he can assist in the formation and stabilization of a co-therapy relationship, and ultimately, an effective therapy group.

There are indications that the most vital part of the supervisory process in co-therapy is the availability of both co-therapists and supervisor for supervision. Therapist vacations and illnesses will occur, but these may be related to what is happening in the group, between co-therapists, or during supervision. Accordingly, absences of co-therapists from vital parts of the co-therapy process or supervision must be examined carefully. If both co-therapists cannot attend supervisory sessions regularly, supervision cannot

be given; whether a co-therapy relationship can endure and function effectively under such conditions is questionable. Such lack of availability and lack of investment constitutes a direct undermining of potential effectiveness of the co-therapy relationship. In view of the complexities, demands and goals of the triadic approach to co-therapy supervision, it is suggested that the supervision of co-therapists be based on a "contract" to assure openness of communication, availability and continuity among all three partners.

TERMINATION FROM THE CO-THERAPY RELATIONSHIP

While efforts should be made to pair co-therapists for the life of a given therapy group, termination from the co-therapy relationship is a relatively frequent occurrence, particularly in training settings. Just as co-therapists have needs and feelings regarding their entrance and assimilation into a therapy group, they usually experience strong feelings when about to terminate from a group. These feelings are not totally different from those experienced by group members who are entering or separating from therapy groups.

While termination from the co-therapy relationship cannot be recommended in general, considerable value can accrue to the co-therapist who terminates from a therapy group under appropriate circumstances. The feelings experienced by both co-therapists in regard to genuine termination are usually intense. Termination from the co-therapy dyad tends to be an important humanizing experience, and forces the departing co-therapist to consider his feelings of omnipotence, mastery and separation. This type of termination forces the remaining co-therapist to consider his dependency feelings, feelings of loss, and reaction to inter-personal change in a close relationship. Termination from the co-therapy relationship compels both co-therapists to share the

perceptions of group members with respect to termination. Due to the intensity of feelings around termination from the co-therapy relationship, this issue tends to be avoided, denied or rationalized. For example, one author of this paper continued as co-therapist in an outpatient therapy group for three years after he had left the setting in which the group was conducted. The other author developed an outpatient group in a clinic setting with a fellow psychiatric resident as co-therapist. When finished with his residency the group was moved to a private practice setting even though his co-therapist had one year remaining in her residency. Both actions were heavily influenced by the co-therapists' inability to resolve their feelings about terminating from a stimulating and gratifying co-therapy relationship.

Regardless of who terminates from a therapy group, it must be recognized that termination is decisive and ultimate. In the case of a terminating group member, he is usually disabused of wishes about returning to the group at a future date should be so desire. Such wishes are usually related to unresolved feelings regarding termination. The co-therapist terminating from the co-therapy dyad cannot avoid dealing with his feelings of omnipotence and separation. The termination of a co-therapist must also be handled in a decisive and ultimate manner; both co-therapists must mutually acknowledge that the group will change, evolve, and provide therapy without the departing co-therapist.

With respect to technique, discussion between the co-therapists and with the supervisor should focus on feelings, timing and method of handling in the group. In the therapy group the remaining co-therapist works with group feelings while assisting his partner in expressing and dealing with feelings about the impending termination.

As far as possible, a mutual goal should affect the actions of the co-therapy dyad when a co-therapist is terminating. The continued operation and maintenance of the therapy group should be given primacy. Beyond this, a number of important observations should affect the behavior of the departing co-therapist: he cannot take group members with him however disguised this desire may be, he must avoid further therapeutic contact with group members, and he cannot dictate the choice of his replacement. A number of additional observations should guide the behavior of the remaining co-therapist: his relationship with the departing co-therapist is significantly altered and placed on a different level, despite mixed feelings he must make a strong effort to receive his new partner openly, and he must assiduously work toward the formation of a firm, new co-therapy relationship which will promote group psychotherapy.

CONCLUSION

The mastering of group therapy is a time consuming, arduous, but rewarding task. In view of these factors, the additional complexities of the co-therapy relationship hardly seem justified, but they are well worth the additional effort. To be sure, co-therapy cannot be said to be the most economic way of conducting groups, but it can add much to the promotion of therapy and the development of group therapists. A competent group psychotherapist should be well grounded in the techniques and subtleties, as well as the assets and limitations of the co-therapy approach to group psychotherapy.

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